



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEST SUMMER EVER!

**CAMP KEYSTONE • CAMP MACUNGIE**

**CAMP REGISTRATION NIGHT**

ZOOM: PLEASE CALL FOR INFO  
7:30 PM TO 8:30 PM



OFFICE USE ONLY:

Date and Time Received: \_\_\_\_\_

By: \_\_\_\_\_

MEMBER OR NON-MEMBER

Enrollment Fee Received: YES or NO (CK # \_\_\_\_\_)

**GREATER VALLEY YMCA, ALLENTOWN BRANCH**

425 S. 15<sup>th</sup> Street  
Allentown, PA 18102

**P** 610-351-YMCA

**W** gv-ymca.org

# 2021 SUMMER CAMP: GREATER VALLEY YMCA, ALLENTOWN BRANCH

## HOW TO REGISTER

To register simply complete the attached registration packet and return to the Allentown Branch, 425 South 15<sup>th</sup> Street, Allentown, PA 18102 or it can be scanned and send to Ashley Oquendo at [ashleyoquendo@gv-ymca.org](mailto:ashleyoquendo@gv-ymca.org).

Registration for Summer Camp must be completed by Monday, one week prior to the start of the camp session. Late registration will result in a \$25 fee and will be accepted at the discretion of the camp director and/or billing specialist.

Enrollment fee of \$25 will be assessed to families that are NOT currently enrolled in our childcare program.

## CONFIRMATIONS

- **The Administrative Office will send a confirmation packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process. Enrollment is contingent upon paperwork correctly completed and returned to the Allentown Branch.**
- Waiting List Status will be notified by phone.

## PAYMENT INFORMATION

- All payments are due Monday, **the week prior to the registered week, if the payment is not received Friday by 5pm, your child will be unable to attend camp the following Monday**, as per the Fee Agreement.
- Payments not received on time will result in a \$25.00 late payment fee and child will be unable to attend camp and place on a waiting list for registered session.
- **Electronic Credit Card Transfer:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **On-Line Payments:** On-line parent access is available at <https://greatervalley.recliquecore.com/login/?redirect=/core/>

## ACCOUNT STATEMENTS

- Statements will be e-mailed as per parent's request.

## ENROLLMENT CHECKLIST

NAME: \_\_\_\_\_

**PARENTS: CORRECTLY COMPLETE ALL ATTACHED FORMS. IF FORMS ARE NOT CORRECTLY COMPLETED, PACKET WILL BE RETURNED TO YOU AND THIS WILL DELAY THE REGISTRATION PROCESS.**

**(IF RETURNED TO PARENTS: HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET)**

- Child Intake Form: Signature and date required
- Agreement Form: Signature & date required
- Emergency Contact Form: Signature & date required
- Authorization and Permission for Medical Treatment Form
- Health Appraisal: Must be received before start date unless there is one already on file.** Due as follows:
  - Most recent health physical required upon enrollment (A new health physical is due for incoming 6<sup>th</sup> and 9<sup>th</sup> graders.)
  - Immunization records due annually
- Tuberculosis Assessment Report
- Child Care and Adult Food Program Child Enrollment Form
- Non-refundable deposit
- Tuition Express Enrollment Form

*Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.*

## Membership

Session rates are listed as M (Member) and NM (Non-member). Children must be a YMCA Member on the date Registration Packet is submitted to receive the member rate. Membership must remain active and in good standing throughout the registered camp session(s). Child Camp Membership can be purchased at the membership desk or online.

## CONTACTS

**Cassidy Bell/Camp Director**  
[cassidybell@gv-ymca.org](mailto:cassidybell@gv-ymca.org)  
610-351-9622x 811

**Ashley Oquendo/Childcare Billing Specialist**  
[ashleyoquendo@gv-ymca.org](mailto:ashleyoquendo@gv-ymca.org)  
610-351-9622x 802

## CAMP STORE/SNACK/LUNCH

Please see the camp registration form for payment options information

### **Camp Keystone:**

- \* Campers will receive an afternoon snack each day.
- \* Campers will receive lunch daily.
- \* Camp Store will be offered daily. Parents may purchase a punch card to be used for Camp Store purchases throughout the week.

### **Camp Macungie**

- \* Campers will receive a snack each day
- \* Campers must bring a lunch from home
- \* Camp Store – Camp Store will be offered daily. Parents may purchase a punch card to be used for Camp Store purchases throughout the week.

## ALLENTOWN BRANCH STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be at least 18 years old. Any other arrangements must be made by calling the Child Care office at 610-351-9622.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must sign my child in and out with the time and my initials.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

## ALLENTOWN BRANCH EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the Child Care Services Office and can be viewed at any time upon request.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

**In-Place Shelter:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response.

Camp Keystone will shelter in the innermost, nearest room.

Camp Macungie will shelter in the stone building at Macungie Park.

**Immediate Evacuation:** If there is an immediate evacuation of the Y, the children will be evacuated to the following areas:

Camp Keystone, the children will be evacuated to the exterior of the building and travel to Cherry Hill.

Camp Macungie children will be evacuated to the opposite side of the park, and if necessary, the VFW located at 287 Lehigh Street, Macungie, PA 18062.

**Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area.

Camp Keystone will evacuate to Lehigh Valley Active Life, 1633 West Elm Street, Allentown, PA 18102.

Camp Keystone's secondary evacuation site is First Presbyterian Church, 3231 Tilghman Street, Allentown, PA 18104.

Camp Macungie will evacuate to the Allentown Branch, 425 S. 15<sup>th</sup> Street, Allentown, PA 18102.

Transportation will be provided by First Student Bus Company or a Y vehicle.

**Modified Operation:** This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit [www.wfmz.com](http://www.wfmz.com), [www.gv-ymca.org](http://www.gv-ymca.org), or [www.facebook.com/allentownymca](http://www.facebook.com/allentownymca) for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site. If an emergency forces camp to close, please do not attempt to bring your child to the Y. For those in attendance, we will contact the designated persons to pick up your child during an emergency as listed on the Emergency Contact Form.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency. In order to assure the safety of your camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

[Receipt of this document acknowledged on page 8]

PARENT COPY

# CAMP KEYSTONE AND CAMP MACUNGIE CAMPER INFORMATION

Thank you for choosing the Allentown Branch. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preference.

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Grade Completed in 2021 \_\_\_\_\_

Has your child ever been in child care/camp before? If yes, where?  Yes  No

Yes  No

Are there any needs or fears you would like to let us know about?

What is your child's preference for social interactions

Is there any other information that we should know that will help your child transition into camp?  Yes  No

Would you like a meeting with your child's the camp director prior to him/her starting  Yes  Not at this time.

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation?

**If so, please attach it for our records AND a family meeting must be held prior to starting.**  Yes  No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list.  Yes  No

Are there people who you would like us to contact who have worked with your child? Name/Phone \_\_\_\_\_

Name/Phone \_\_\_\_\_

What coping skills does your child use to handle difficult situations?

# 2021 ALLENTOWN BRANCH SUMMER CAMP PROGRAMS EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME			BIRTH DATE	GENDER
ADDRESS			GRADE COMPLETED	SCHOOL DISTRICT
NAME OF PARENT/LEGAL GUARDIAN (1)			BIRTH DATE	
ADDRESS			HOME/CELL NUMBER	PHONE CARRIER
PARENT/LEGAL GUARDIAN (1) EMPLOYER NAME			EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (1) EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER	
NAME OF PARENT/LEGAL GUARDIAN (2)			BIRTH DATE	
ADDRESS			HOME/CELL NUMBER	PHONE CARRIER
PARENT/LEGAL GUARDIAN (2) EMPLOYER NAME			EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (2) EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER	
<b>EMERGENCY CONTACTS</b>	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER			TELEPHONE NUMBER	
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY			MEDICATION, SPECIAL CONDITIONS	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)</b>				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER <b>[REQUIRED]</b>	
<b>PARENT/ GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT – IF NO PERMISSION GIVEN, INDICATE SUCH</b>				
OBTAINING EMERGENCY MEDICAL CARE Parent/Guardian Signature *Required*			ADMINISTRATION OF MINOR FIRST - AID PROCEDURES Parent/Guardian Signature *Required*	
WALKS AND TRIPS Parent/Guardian Signature *Required*			SWIMMING Parent/Guardian Signature	
TRANSPORTATION BY THE FACILITY Parent/Guardian Signature *Required*			WADING Parent/Guardian Signature	

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

## 2021 ALLENTOWN BRANCH FIELD TRIP PERMISSION - CAMP KEYSTONE AND CAMP MACUNGIE ONLY

I give my consent for the above camper to attend the field trip associated with their week of camp. Please note that the camper must be enrolled in that session and for that particular day in order to attend the field trip. In giving my permission, I understand that the Allentown Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Allentown Branch of all liability. I understand that field trip days are subject to change based on session enrollment.

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Session	Camp Dates	Field Trip Planned*	Field Trip Date /Times
<b>Additional Dates and Trips To Be Determined - *FIELD TRIPS SUBJECT TO CHANGE*</b>			
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD
1-12	Daily/Weekly	Swimming at the Allentown Branch Pool/ Swimming at Cedar Beach Pool, and Jordan Pool Allentown Swimming at Camp Macungie	
1-12	Daily/Weekly	Allentown Branch Picnic Grove (walking trip)	
1-12	Daily/Weekly	Cherry Hill, Allentown (walking trip)	
1-12	Daily/Weekly	Fountain Park, Allentown (walking trip)	

### GENERAL PERMISSIONS (MUST BE COMPLETED FOR ALL CAMPS)

By **initialing below**, I indicate my permission preferences for the camper named above:

YES	NO
	Permission to use my child's photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications and web use.
	Permission to use photographs of my child taken during the program or YMCA events, <b>ONLY</b> within the YMCA or Child Care Center (INCLUDING CLASSDOJO)
	Staff to apply sunscreen/lotion to my son/daughter that I will provide.
	To use hand sanitizer to supplement hand washing.
	The Y has my permission to allow my children to participate in viewing age-appropriate PG movies.
	Go for walks.
	Permission to post my child's allergies in their classroom or binders.
	In the event of a minor injury, I authorize the Allentown Branch to administer basic first aid to my child.
	The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.
	I have received, read and will abide by the Statement of Understanding and the GYMCA Allentown Parent Handbook.
	I have received, read and understand the information on the Emergency Operations Plan. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
	In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Allentown Branch to send my child to the following hospital: _____. (Lehigh Valley Hospital will be used if no location is designated.) I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.

**Parent/Guardian Signature**

**Date**

# 2021 ALLENTOWN BRANCH SUMMER CAMP REGISTRATION

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

NEW       CHANGE OF ENROLLMENT

<input type="checkbox"/> M=MEMBER  <input type="checkbox"/> NM= NON-MEMBER	CAMP KEystone COMPLETED KINDERGARDEN- SIXTH GRADE		CAMP MACUNGIE COMPLETED KINDERGARDEN- SIXTH GRADE		LIT CAMP KEystone (COMPLETED 7 <sup>TH</sup> -9 <sup>TH</sup> GRADE)	WEEKLY TUITION
	3 DAY \$96.00 M \$114.00 NM	5 DAY \$159.00 M \$190.00 NM	3 DAY \$96.00 M \$114.00 NM	5 DAY \$159.00 M \$190.00 NM	5 DAY \$125.00 M PER SESSION \$175.00 NM PER SESSION	
	3 DAYS MON, WED, FRI 5 DAYS MON – FRI  9:00 AM – 4:00 PM  EXTENDED CARE INCLUDED IN TUITION (10 HOURS OF CARE MAXIMUM): 6 AM -9 AM 4 PM – 6 PM		3 DAYS MON, WED, FRI 5 DAYS MON – FRI  9:00 AM – 4:00 PM  EXTENDED CARE INCLUDED IN TUITION (10 HOURS OF CARE MAXIMUM): 7 AM -9 AM 4 PM – 6 PM		MON – FRI 9:00 AM – 4:00 PM	
<b>WEEK 1</b> <input type="checkbox"/> JUNE 14 - 18 UNDER CONSTRUCTION			<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 2</b> <input type="checkbox"/> JUNE 21 - 25 CAMP SURVIVOR	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		SESSION 1 – JUNE 21 <sup>ST</sup> – JULY 2 <sup>ND</sup> <input type="checkbox"/> 5 DAY	\$
<b>WEEK 3</b> <input type="checkbox"/> JUNE 28 – JULY 2 CANOROUS OR CACOPHONOUS?	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 4</b> <input type="checkbox"/> JULY 5 - 9 (NO CAMP JULY 5) KID'S KITCHEN	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		SESSION 2 – JULY 5 <sup>TH</sup> – JULY 16 <sup>TH</sup> <input type="checkbox"/> 5 DAY	\$
<b>WEEK 5</b> <input type="checkbox"/> JULY 12 - 16 COLOR WARS	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 6</b> <input type="checkbox"/> JULY 19 - 23 PIECE OF PIE	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		SESSION 3- JULY 19 <sup>TH</sup> – JULY 30 <sup>TH</sup> <input type="checkbox"/> 5 DAY	\$
<b>WEEK 7</b> <input type="checkbox"/> JULY 26 - 30 WET N WILD	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 8</b> <input type="checkbox"/> AUG 2 - 6 CELEBRATE COLORFUL CULTURES	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		SESSION 4- AUGUST 2 <sup>ND</sup> – AUGUST 13 <sup>TH</sup> <input type="checkbox"/> 5 DAY	\$
<b>WEEK 9</b> <input type="checkbox"/> AUG 9 - 13 WORLD TOUR	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 10</b> <input type="checkbox"/> AUG 16 - 20 "JUST SO" YOU KNOW	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		SESSION 5- AUGUST 16 <sup>TH</sup> – AUGUST 27 <sup>TH</sup> <input type="checkbox"/> 5 DAY	\$
<b>WEEK 11</b> <input type="checkbox"/> AUG 23 - 27 MYSTERIES OF THE WORLD – SOLVED	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			\$
<b>WEEK 12</b> <input type="checkbox"/> AUG 30 – SEPT 3 ALOHA SUMMER, ALOHA FALL	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY					\$

**Financial Policy & Procedure – AGREEMENT FORM**

**Session Tuition includes:** Swimming, field trip admission, and transportation to field trips/swimming are included with Day Camp fee.

**Subsequent Weeks:** Subsequent weeks identified on this registration form must be automatic drafted by EFT or Debt/Credit via the Authorization Form in this packet and will be drafted Mondays.

**Payment Due Date:** Initial camp week payment due at time of registration and \$25 registration fee per family. Any registration received after MONDAY 6:00PM, prior to the registered camp week, will incur a \$25 late fee. Campers will be placed on waiting list in the event that payment is not received and/or late. Payment for Summer Camp must be completed by Monday, the week prior to the start of the camp session.

**Late Payment/Registration Fee:** Any registration packet received after MONDAY at 6:00 PM will incur a \$25.00 late fee. Any payment received after Monday will incur a \$15.00 late fee.

**Returned Check /Bank Draft:** A \$35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

**Declined Credit Card:** A \$25.00 fee will be applied each time a credit card is declined for any reason.

**Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

**Change of Program Fee:** A \$15.00 fee will be assessed for any enrollment change (i.e. session or schedule change)

**Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended.

**Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to attend, register or attend a new session, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

**Refunds/Credit Policy:** First week’s tuition is nonrefundable. Cancellation of the weeks signed up for must be received by Wednesday prior to the week in question, a \$50.00 nonrefundable fee will be charged for improper cancellations. Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

**PAYMENT SCHEDULE**

<b>Camp Sessions</b>	<b>Payment Due Date</b>
Session 1 June 14-18	Monday, June 7 <sup>th</sup>
Session 2 June 21-25	Monday, June 14 <sup>th</sup>
Session 3 June 28-July 2*	Monday, June 21 <sup>st</sup>
Session 4 July 5-9	Monday, June 28 <sup>th</sup>
Session 5 July 12-16	Monday, July 5 <sup>th</sup>
Session 6 July 19-23	Monday, July 12 <sup>th</sup>
Session 7 July 26-30	Monday, July 19 <sup>th</sup>
Session 8 Aug 2-6	Monday, July 26 <sup>th</sup>
Session 9 Aug 9-13	Monday, Aug 2 <sup>nd</sup>
Session 10 Aug 16-20	Monday, Aug 9 <sup>th</sup>
Session 11 Aug 23-27	Monday Aug 16 <sup>th</sup>
Session 12 Aug 30-Sep 3	Monday, Aug 23 <sup>rd</sup>

**\*NO CAMP JULY 5, 2021**

**Subsidy Provider Information**

- YMCA Financial Assistance \_\_\_ % Approved  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_
- State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)
- Northampton County CCIS
- Lehigh County CCIS
- Bucks County CCIS
- Other: \_\_\_\_\_  
 Case Worker: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 CCIS Copay: \$ \_\_\_\_\_

**PAYMENT OPTION FORM** (Registration Application will not be processed without first week’s tuition.)

**Payment Plan**

- Weekly Tuition Payments

**Method of Payment**

- Credit Card Draft (submit payment authorization form)
- EFT Draft (submit payment authorization form)
- Core Online Credit Card/EFT

**Bank Draft:** (Please attach a Voided Check and complete Payment Authorization Form)

Electronic Bank Draft Transfer as per my Payment Option: \$ \_\_\_\_\_

**Core Online Payment:** Weekly \$ \_\_\_\_\_

**Credit/Debit Card:** (Please complete Payment Authorization Form)

Electronic Credit/Debit Card Transfer as per my payment Option: \$ \_\_\_\_\_

**Person(s) designated by parents/guardian to whom their child may be released:**

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA’s payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I understand that the YMCA will be observing the holiday on Thursday, July 4, 2021.

**Camper’s Name:** \_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar/Director’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enroll Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_ **Billing Date:** \_\_\_\_\_



# GREATER VALLEY YMCA, ALLENTOWN BRANCH CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S) \_\_\_\_\_

Changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA. Any changes to your child's enrollment must be submitted in writing with a 2-week minimum notice. You are responsible for all program fees accrued during child's enrollment.

**FREQUENCY**  Weekly - (Monday, the week before)  
 Bi-Weekly - (Monday, the week before)  
 Monthly - (The 1<sup>st</sup> Monday of each month)

**OPTION 1- Credit/Debit** Type of Card  Visa/Debit  Visa  MC  Discover  AmEx

For split billing (two parties will each pay) make a copy of this form and complete for the second payer.

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Complete Billing Address That Statements Are Mailed To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTION 2 - EFT/Bank Draft** Attached a Voided Check

## AUTHORIZATION

By signing below, I indicate my permission to charge the above account.

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a 15 day written notice to cancel my membership and associated billing.  
I understand that if my credit card/EFT transaction is declined I will be assessed a fee of \$25 per transaction plus the total tuition. Returned checks will be assessed. a \$35 fee per transaction plus the total tuition.  
I understand that if an Early Drop Off or Late Pick-Up fee is billed, it will be charged to the above account for each instance.

**ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES**

**CARDHOLDER NAME** \_\_\_\_\_

**CARDHOLDER SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_